PROGRAM REGISTRATION

Signature of parent/guardian



Participant LAST Name:	$\mathbf{p}_{\mathbf{q}}$			evada City rks & Recreation		
Participant FIRST Name:				:	Sex: M	F
Parent/Guardian Name:						
Phone: home #						
Full Address:						
Email:						
Emergency Contact:						
T-shirt size (for JLG & Sports (Camp only):					
		Cash or	Total Amt.		Staff	
Course Code #	Fee	Check#	Pd.	Date	Initials	S
	OFFICE USE					
o me as a result of participation in said act rs, employees, agents, program providers a articipation in said activity, though that lia bove. It is understood that this activity invarticipants, tripping or falling, exposure to a further agreed that this waiver, release ar bove persons or entities free and harmless ny injury or property damage that I may so	and program instruct ability may arise out olves an element of a contaminated water ad assumption of risk from any loss, liabil	ors) from any and of negligence or crisk and danger of and knowingly are is to be binding city, damage, cost,	all liability arising of arclessness on the praccidents, including and freely assume all on my heirs and assign or expense which the	out of or connected art of the persons g, but not limited to such risks, both ki gns. I agree to inde	I in any way wor entitles men colliding with nown and unknownify and to be	tione tione h oth
PARENTAL CONSENT: (To be comple my son/daughter, named above, participate behalf. I state that said minor is physically mentioned above free and harmless from any or property damage that said minor may all treatment while under the supervision of	ted and signed by p in the above activity able to participate in ny loss, liability, dam sustain while partici	arent/guardian i , and I hereby exe said activity. I he nage, cost, or expe pating in said acti	f applicant is under ecute the above Agre reby agree to indemi- ense which they may vity. I agree that in	eement, Waiver an nify and hold the p incur as a result o the event that said	d Release on hoersons and ent f the death or a minor requires	is/he tities any ii s med
HAVE CAREFULLY READ THIS PR UNDERSTAND ITS CONTENTS. THE THAT BY SIGNING THIS FORM I AM HOWEVER CAUSED, FROM PARTIC CITY PARKS AND RECREATION FR	OGRAM REGISTI FACTS STATED I VOLUNTARILY IPATING IN THE	RATION, WAIV IN THE REGIST ASSUMING AL PROGRAM AN	ER & RELEASE A FRATION ARE TH L RISK, KNOWN D AM RELEASIN	AND CONSENT . RUE AND CORR AND UNKNOW	AND FULLY ECT. I AM A N, OF INJUR	AW <i>A</i> Y,
N ADDITION: I understand that there permission to use photos taken of me and/o	are no refunds on r	egistration fees,		celled. I give the	City of Nevad	a Cit

Date